



WASHINGTON STATE
OFFICE OF PUBLIC DEFENSE
Appellate Program

Invoice of
Court Reporter or Typist—
Indigent Case

Invoice Date: _____

Claimant Information (Check is to be payable to)

Name: _____
Business: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ SWV No: _____
Email Address: _____

FOR OPD USE ONLY

Select One: Court Reporter _____
Transcriptionist _____

Case Information

Case Name: _____ COA No.: _____
Trial Court No: _____ Co-defendant COA No: _____
County.: _____ Service Requested By: _____

Payment Information

Voir Dire or Opening Statements? _____ Yes _____ No

If yes, please attach Order of Indigency covering this expense.

Copy of Verbatim Report Sent to Attorney? _____ Yes _____ No

ASCII disk or E-file? _____ ASCII _____ E-file

Served and filed notice on all Parties? _____ Yes _____ No

Billing for Copies? List reason _____

Dates Transcribed

** Attach Statement of Arrangements specifying dates transcribed.*

Verbatim Report of Proceedings

	Number	Amount	Total
Original	_____	@\$3.10 per page	_____
Copies	_____	@.25 per page	_____
ASCII Disk	_____	@2.75 per disk	_____

Total Amount Due:

Court Reporter

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct:

Signature

Date

Return form to:

Michele Young, Fiscal and Budget Manager
Washington State Office of Public Defense
P.O. Box 40957
Olympia, WA 98504-0957

Questions:

Email- cr-invoices@opd.wa.gov

Clerk's Certificate

I hereby certify that the amount claimed in this invoice is for that portion of the Verbatim Report of Proceedings ordered by the trial court; that the typing of the report is in accordance with RAP 9.2(e) and (g) and that the bill is computed at the current rate per page as set by the Supreme Court for the original and one copy; namely \$3.10 per page.

Clerk Signature

Date

Print Name

FOR OPD USE ONLY

Approval

By: _____

Date: _____